



Atty. Dkt. No. 072121/0371

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: David CHIEN et al.

Title: DEVICE AND METHOD FOR IN-LINE BLOOD TESTING  
USING BIOCHIPS

Appl. No.: 10/733,767

Filing Date: 12/12/2003

Examiner: Unassigned

Art Unit: Unassigned

**SUPPLEMENTAL APPLICATION DATA SHEET TRANSMITTAL**

Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

In order to correct the Domestic priority information, attached herewith is a Supplemental Application Data Sheet.

In the event a fee is required, the Commissioner is hereby authorized to charge Deposit Account No. 19-0741.

Respectfully submitted,

Date 29 JANUARY 2004

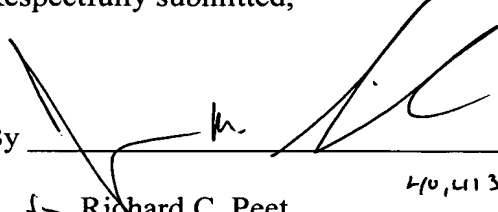
FOLEY & LARDNER

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By

  
Richard C. Peet  
Attorney for Applicant  
Registration No. 35,792

4/0,413



**Supplemental Application Data Sheet**

**Application Information**

**Application number::** 10/733,767  
**Filing Date::** 12/12/2003  
**Application Type::** Regular  
**Subject Matter::** Utility  
**Suggested classification::**  
**Suggested Group Art Unit::**  
**CD-ROM or CD-R?::** None  
**Computer Readable Form (CRF)?::** No  
**Title::** DEVICE AND METHOD FOR IN-LINE  
BLOOD TESTING USING BIOCHIPS  
**Attorney Docket Number::** 072121-0371  
**Request for Early Publication?::** No  
**Request for Non-Publication?::** No  
**Suggested Drawing Figure::** 1  
**Total Drawing Sheets::** 22  
**Small Entity?::** No  
**Petition included?::** No  
**Secrecy Order in Parent Appl.?::** No

**Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** David

**Family Name::** CHIEN  
**City of Residence::** Alamo  
**State or Province of** CA  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 1121 Douglas Court  
**City of mailing address::** Alamo  
**State or Province of mailing** CA  
**address::**  
**Postal or Zip Code of mailing** 94507  
**address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Bruce  
**Family Name::** PHELPS  
**City of Residence::** Clayton  
**State or Province of** CA  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 118 La Encinal Court  
**City of mailing address::** Clayton  
**State or Province of mailing** CA  
**address::**  
**Postal or Zip Code of mailing** 94517  
**address::**

**Correspondence Information**

**Correspondence Customer Number::** 27476

**E-Mail address::** PTOMailWashington@Foley.com

**Representative Information**

<b>Representative Customer Number::</b>	22428	
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**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e)	<u>60/432,665</u>	12/12/2002
This Application	An application claiming the benefit under 35 USC 119(e)	60/435,287	12/23/2002

**Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

**Assignee Information**

**Assignee name::** Chiron Corporation